

# **FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

## **Preamble**

Section 2108(a) of the Act provides that the State and Territories\* must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children. The State is out of compliance with SCHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- A. Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- B. Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- C. Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- D. Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

\* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

**FRAMEWORK FOR THE ANNUAL REPORT OF  
THE STATE CHILDREN'S HEALTH INSURANCE PLANS  
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

**DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.**

State/Territory: NC  
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature: \_\_\_\_\_  
**Secretary of DHHS, Dempsey Benton**

SCHIP Program Name(s): All, North Carolina

SCHIP Program Type:

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/>            | SCHIP Medicaid Expansion Only      |
| <input type="checkbox"/>            | Separate Child Health Program Only |
| <input checked="" type="checkbox"/> | Combination of the above           |

Reporting Period: 2007 *Note: Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07.*

Contact Person/Title: Cinnamon Narron/ SCHIP Coordinator

Address: 2501 Mail Service Center

City: Raleigh State: NC Zip: 27699-2501

Phone: 919-284-0373 Fax: 919-284-0374

Email: cinnamon.narron@ncmail.net

Submission Date: 12/31/2007

*(Due to your CMS Regional Contact and Central Office Project Officer by January 1<sup>st</sup> of each year)*

## SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
	* Upper % of FPL are defined as <u>Up to and Including</u>									
Eligibility						From		% of FPL conception to birth		% of FPL *
	From	185	% of FPL for infants	200	% of FPL *	From		% of FPL for infants		% of FPL *
	From	133	% of FPL for children ages <b>1 through 5</b>	200	% of FPL *	From		% of FPL for children ages <b>1 through 5</b>		% of FPL *
	From		% of FPL for children ages <b>6 through 16</b>		% of FPL *	From	100	% of FPL for children ages <b>6 through 16</b>	200	% of FPL *
	From		% of FPL for children ages <b>17 and 18</b>		% of FPL *	From	100	% of FPL for children ages <b>17 and 18</b>	200	% of FPL *

Is presumptive eligibility provided for children?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? <b>[1000]</b>	<input type="checkbox"/>	Yes - Please describe below:  For which populations (include the FPL levels) <b>[1000]</b>  Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period <b>[1000]</b>  Brief description of your presumptive eligibility policies <b>[1000]</b>
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
----------------------------	--------------------------	----	-------------------------------------	----

available?	<input checked="" type="checkbox"/>	Yes, for whom and how long? Any child who has an unmet medical need in the retroactive period (one, two or three months prior to the month of application)	<input type="checkbox"/>	Yes, for whom and how long?
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input type="checkbox"/>	No
			<input checked="" type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program on-line?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes – please check all that apply	<input type="checkbox"/>	Yes – please check all that apply
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input type="checkbox"/>	Electronic signature is required
	<input type="checkbox"/>		<input type="checkbox"/>	No Signature is required
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a face-to-face interview during initial	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes

application	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
-------------	--------------------------	-----	--------------------------	-----

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			To which groups (including FPL levels) does the period of uninsurance apply? <b>[1000]</b>	
			List all exemptions to imposing the period of uninsurance <b>[1000]</b>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
			If yes, what database? <b>[1000]</b>	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage <u>regardless of income changes</u> ?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
	<p>Moves out of state, dies, requests termination of assistance, turns age 19, incarcerated, becomes eligible for TANF, removed from the home by the department of social services for placement or is approved for SSI Medicaid.</p>		<p>Acquires comprehensive health insurance coverage or Medicare, moves out of state, dies, requests termination of assistance, turns age 19, incarcerated, becomes eligible for TANF, removed from the home by department of social services for placement, approved for SSI Medicaid, or is pregnant and eligible for coverage under MPW, MIC or MAF.</p>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
			50	
	Premium amount		Premium amount	
Yearly cap		Yearly cap		

	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
			The enrollment fee, paid once a year, is \$50 for one child/\$100 for two or more children. Enrollment fee is required of families with income at or above 150%FPL.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose copayments or coinsurance?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	\$90 standard income disregard for each working adult, \$175 child care deduction for each child over age two, \$200 child care deduction for each child age two and under.		\$90 standard income disregard for each working adult, \$175 child care deduction for each child over age two, \$200 child care deduction for each child age two and under.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is a preprinted renewal form sent prior to eligibility expiring?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other	<input type="checkbox"/>	We send out form but do not require a response unless

		circumstances have changed		income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Enter any Narrative text below. [7500]

### Comments on Responses in Table:

Is there an assets test for children in your Medicaid program?

☐ Yes ☒ No ☐ N/A

Is it different from the assets test in your separate child health program?  
If yes, please describe in the narrative section below the asset test in your program.

☐ Yes ☐ No ☒ N/A

Are there income disregards for your Medicaid program?

☒ Yes ☐ No ☐ N/A

Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program.

☐ Yes ☒ No ☐ N/A

Is a joint application used for your Medicaid and separate child health program?

☒ Yes ☐ No ☐ N/A

### 7. Indicate what documentation is required at initial application

	<u>Self-Declaration</u>	<u>Documentation Required</u>
<u>Income</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Citizenship</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Insured Status</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	<b>Medicaid Expansion SCHIP Program</b>			<b>Separate Child Health Program</b>		
	Yes	No Change	N/A	Yes	No Change	N/A
Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Application documentation requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Benefit structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prenatal Eligibility expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other – please specify						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. For each topic you responded yes to above, please explain the change and why the change was made, below:

Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
---	--



Application	
Application documentation requirements	
Benefit structure	
Cost sharing (including amounts, populations, & collection process)	
Crowd out policies	
Delivery system	
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
Eligibility levels / target population	
Assets test in Medicaid and/or SCHIP	
Income disregards in Medicaid and/or SCHIP	
Eligibility redetermination process	
Enrollment process for health plan selection	
Family coverage	
Outreach	
Premium assistance	
Prenatal Eligibility Expansion	
Waiver populations (funded under title XXI)	
Parents	

Pregnant women	
Childless adults	
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. **[7500]**

## SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

---

This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data is available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

### SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007). Additional instructions for completing each row of the table are provided below.

#### If Data Not Reported, Please Explain Why:

If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

Population not covered: Check this box if your program does not cover the population included in the measure.

Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.

Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.

Other: Please specify if there is another reason why your state cannot report the measure.

#### Status of Data Reported:

Please indicate the status of the data you are reporting, as follows:

Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

**Measurement Specification:**

For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

**Data Source:**

For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

**Definition of Population included in the Measure:**

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

**Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.**

**Year of Data:**

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

**Performance Measurement Data (HEDIS® or Other):**

In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

**Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.**

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

**Explanation of Progress:**

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On

the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

**Other Comments on Measure:**

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

**NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.**

**MEASURE: Well Child Visits in the First 15 Months of Life**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input checked="" type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  Covered as of 1/2006 under Medicaid Expansion Program/Classification MIC-1</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2005 specifications</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2006 specifications</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>  North Carolina DRIVE data warehouse.  TABLES:  CLIENT_POPULATION (eligibility)  CLIENT (recipient)  HEALTH_CHOICE_CLAIMS (claims).  Claims data from 01/01/2004 – 12/31/2004.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>  North Carolina DRIVE data warehouse.  TABLES:  CLIENT_POPULATION (eligibility)  CLIENT (recipient)  HEALTH_CHOICE_CLAIMS (claims).  Claims data from 01/01/2005 – 12/31/2005.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Age is 15 months old during measurement year.  Continuous enrollment – 31 days thru 15 months of age. Calculate 31 days of age by adding 31 days to the child’s birthdate. Calculate 15-months as the child’s first birthday plus 90 days.</p> <p>Allowable gap – Enrollment verified monthly. Member may not have more than a 1-month gap in coverage to be included in this measure.</p> <p>Anchor date – Enrolled on the day the child turns 15 months old.</p> <p>Delivery System of Care – Medicaid (Health Choice).</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Age is 15 months old during measurement year. Continuous enrollment – 31 days thru 15 months of age. Calculate 31 days of age by adding 31 days to the child’s birthdate. Calculate the 15-month as the child’s first birthday plus 90 days.  Allowable gap – Enrollment verified monthly. Member may not have more than a 1-month gap in coverage to be included in this measure.  Anchor date – Enrolled on the day the child turns 15 months old.  Delivery System of Care – Medicaid (Health Choice).</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator:</p>
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b>

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: 0                      Numerator: 5 Denominator: 24                      Denominator: 24 Rate:                      Rate: 20.8  <u>1 visit</u> <u>5 visits</u> Numerator: 0                      Numerator: 8 Denominator: 24                      Denominator: 24 Rate:                      Rate: 33.3  <u>2 visits</u> <u>6+ visits</u> Numerator: 0                      Numerator: 8 Denominator: 24                      Denominator: 24 Rate:                      Rate: 33.3  <u>3 visits</u> Numerator: 3 Denominator: 24 Rate: 12.5  Additional notes on measure: NC Health Choice submitted data for CY2004 claims data.	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: 4                      Numerator: 9 Denominator: 49                      Denominator: 49 Rate: 8.2                      Rate: 18.4  <u>1 visit</u> <u>5 visits</u> Numerator: 0                      Numerator: 12 Denominator: 49                      Denominator: 49 Rate:                      Rate: 24.5  <u>2 visits</u> <u>6+ visits</u> Numerator: 2                      Numerator: 19 Denominator: 49                      Denominator: 49 Rate: 4.1                      Rate: 38.8  <u>3 visits</u> Numerator: 3 Denominator: 49 Rate: 6.1  Additional notes on measure: NC Health Choice submitted data for CY2005 claims data.	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>1 visit</u> <u>5 visits</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>2 visits</u> <u>6+ visits</u> Numerator:                      Numerator: Denominator:                      Denominator: Rate:                      Rate:  <u>3 visits</u> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:



**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** N/A. Children age birth to five moved to Medicaid

**Are there any quality improvement activities that contribute to your progress?**

**Annual Performance Objective for FFY 2008:**

**Annual Performance Objective for FFY 2009:**

**Annual Performance Objective for FFY 2010:**

*Explain how these objectives were set:*

**Other Comments on Measure:**

**MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30)  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2005 specifications</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2006 specifications</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  2007</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>  North Carolina DRIVE data warehouse.  TABLES:  CLIENT_POPULATION (eligibility)  CLIENT (recipient)  HEALTH_CHOICE_CLAIMS (claims).  Claims data from 01/01/2004 – 12/31/2004.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>  North Carolina DRIVE data warehouse.  TABLES:  CLIENT_POPULATION (eligibility)  CLIENT (recipient)  HEALTH_CHOICE_CLAIMS (claims).  Claims data from 01/01/2005 – 12/31/2005.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>  NC DRIVE data warehouse tables:  CLIENT_POPULATION (eligibility)  CLIENT (recipient)  HEALTH_CHOICE_CLAIMS (claims).  Claims data for 01/01/2006 – 12/31/2006   Ages – Three, four, five or six years old as of December 31, 2006.</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Ages – Three, four, five or six years old as of December 31 of 2004.</p> <p>Continuous Enrollment – Continuously enrolled during 2004.</p> <p>Allowable gap –Member may not have more than a 1-month gap in coverage to be included in this measure.</p> <p>Anchor Date – Enrolled as of December 31 of 2004.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Ages – Three, four, five or six years old as of December 31 of 2005.</p> <p>Continuous Enrollment – Continuously enrolled during 2005.</p> <p>Allowable gap –Member may not have more than a 1-month gap in coverage to be included in this measure.</p> <p>Anchor Date – Enrolled as of December 31 of 2005.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: The number of eligible persons who received at least one “well-child visit” with a primary care practitioner during the measurement year. A “well-child visit” is defined by CPT and ICD-9 codes listed in the HEDIS Specification.</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  <u>Percent with 1+ visits</u>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Percent with 1+ visits  Numerator: 8177  Denominator: 14054  Rate: 58.2</p> <p>Additional notes on measure: NC Health Choice submitted data for CY2005 claims data</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Percent with 1+ visits  Numerator: 83  Denominator: 312  Rate: 26.6</p> <p>Additional notes on measure: In 1/2006, children under age 6 became covered under Medicaid Expansion Program/Classification MIC-1. This measure only includes six year old children.</p>

**Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 6707 Denominator: 11823 Rate: 56.7  Additional notes on measure: NC Health Choice submitted data for CY2004 claims data	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> As of January 1, 2006, the majority of this group moved to the Medicaid program as a Medicaid Expansion group. This prevents us from having a full measure for FFY 2007.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> Increase percentage of six year olds who have at least one well child visit to 30%.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase percentage of six year olds who have at least one well child visit to 33%.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Increase percentage of six year olds who have at least one well child visit to 35%.</p> <p><i>Explain how these objectives were set:</i></p>		
<b>Other Comments on Measure:</b>		

**MEASURE: Use of Appropriate Medications for Children with Asthma**

FFY 2005	FFY 2006	FFY 2007
<b>Did you report on this goal?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Data Not Reported, Please Explain Why:</b> <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Did you report on this goal?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Data Not Reported, Please Explain Why:</b> <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Did you report on this goal?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Data Not Reported, Please Explain Why:</b> <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005 specifications	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006 specifications	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006

**Use of Appropriate Medications for Children with Asthma (continued)**

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Percent receiving appropriate medications  <u>5-9 years</u>  Numerator: 556  Denominator: 700  Rate: 79.4</p> <p><u>10-17 years</u>  Numerator: 974  Denominator: 1297  Rate: 75.1</p> <p><u>Combined rate (5-17 years)</u>  Numerator: 1572  Denominator: 2073  Rate: 75.8</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Percent receiving appropriate medications  <u>5-9 years</u>  Numerator: 597  Denominator: 620  Rate: 96.3</p> <p><u>10-17 years</u>  Numerator: 984  Denominator: 1069  Rate: 92</p> <p><u>Combined rate (5-17 years)</u>  Numerator: 1628  Denominator: 1746  Rate: 93.2</p> <p>Additional notes on measure: NCQA this past year changed the denominator specifications (the criteria for identifying the population of people for whom rates would be calculated). In years prior the specs required that a member meet the denominator criteria during the measurement year only (for example 2005 data year) the specs now required the member to qualify in both the measurement year and the year prior to the measurement year (2004 and 2005).</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Percent receiving appropriate medications  <u>5-9 years</u>  Numerator: 545  Denominator: 562  Rate: 97</p> <p><u>10-17 years</u>  Numerator: 1175  Denominator: 1249  Rate: 94.1</p> <p><u>Combined rate (5-17 years)</u>  Numerator: 1720  Denominator: 1811  Rate: 95</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>

**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** Met annual performance objective documented in 2006 Annual Report for children age 5-9 years. Increased the percentage of children at all age levels receiving appropriate asthma medication.

**Are there any quality improvement activities that contribute to your progress?**

**Annual Performance Objective for FFY 2008:** Increase the percentage of children receiving appropriate asthma medication to 96%

**Annual Performance Objective for FFY 2009:** Increase the percentage of children receiving appropriate asthma medication to 97%

**Annual Performance Objective for FFY 2010:** Increase the percentage of children receiving appropriate asthma medication to 98%

*Explain how these objectives were set:*

**Other Comments on Measure:** Adherence to asthma medication should continue to be successful based on changes made in measurement last year.

**MEASURE: Children's Access to Primary Care Practitioners**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2005 specifications</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2006 specifications</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  2007</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>  North Carolina DRIVE data warehouse.  TABLES:  CLIENT_POPULATION (eligibility)  CLIENT (recipient)  HEALTH_CHOICE_CLAIMS (claims).  Claims data from 01/01/2004 – 12/31/2004</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>  North Carolina DRIVE data warehouse.  TABLES:  CLIENT_POPULATION (eligibility)  CLIENT (recipient)  HEALTH_CHOICE_CLAIMS (claims).  Claims data from 01/01/2005 – 12/31/2005.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>  NC DRIVE data warehouse tables:  CLIENT_POPULATION (eligibility)  CLIENT (recipient)  HEALTH_CHOICE_CLAIMS (claims).  Claims data for 01/01/2006 – 12/31/2006.</p>



FFY 2005	FFY 2006	FFY 2007
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Age strata  1 =12-24 mos. as of 12/31/04.  2 =25 mos. to 6 yrs as of 12/31/04.  3 =7-11 yrs as of 12/31/04.  4 =12-19 yrs as of 12/31/04.  Continuous Enrollment  strata 1/2=Continuously enrolled all of 2004.  strata 3/4=Continuously enrolled all of 2003/2004.  Allowable gap  strata 1/2 No more than 1 month gap for the measurement year.  strata 3/4 No more than 1 month gap during each year of continuous enrollment.  Anchor date (Enrolled as of 12/31/04)  Delivery System of Care (Health Choice)</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Age strata  1 =12-24 mos. as of 12/31/05.  2 =25 mos. to 6 yrs as of 12/31/05.  3 =7-11 yrs as of 12/31/05.  4 =12-19 yrs as of 12/31/05.  Continuous Enrollment  strata 1/2=Continuously enrolled all of 2005.  strata 3/4=Continuously enrolled all of 2004/2005.  Allowable gap  strata 1/2 No more than 1 month gap for the measurement year.  strata 3/4 No more than 1 month gap during each year of continuous enrollment.  Anchor date (Enrolled as of 12/31/05)  Delivery System of Care (Health Choice)</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Strata 1 and 2: The number of eligible persons with one or more visits to a primary care practitioner during the measurement year.  Strata 3 and 4: The number of eligible persons with one or more visits to a primary care practitioner during the measurement year or the year prior to the measurement year.</p> <p>A primary care visit is defined by CPT and ICD-9 codes listed in the HEDIS Specification.</p>
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006

FFY 2005	FFY 2006	FFY 2007
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: 730                      Numerator: 12146 Denominator: 757                      Denominator: 13416 Rate: 96.4                      Rate: 90.5  <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 10993                      Numerator: 12404 Denominator: 12092                      Denominator: 14532 Rate: 90.9                      Rate: 85.4  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: 824                      Numerator: 14090 Denominator: 862                      Denominator: 15609 Rate: 95.6                      Rate: 90.3  <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 15210                      Numerator: 18367 Denominator: 16877                      Denominator: 21429 Rate: 90.1                      Rate: 85.7  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: 0                      Numerator: 15556 Denominator: 0                      Denominator: 17009 Rate:                      Rate: 91.5  <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 249                      Numerator: 19922 Denominator: 312                      Denominator: 22878 Rate: 79.8                      Rate: 87.1  Additional notes on measure: In 1/2006, children under 6 years of age became covered under Medicaid Expansion Program/Classification MIC-1. This measure only includes six year old children.
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> For those children age 7-11 and 12-19, the objectives were met. For those children 12-24 months and 25 months to 6 years, we were not able to evaluate a full year of performance since these groups were moved to Medicaid Expansion January 1, 2006.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> (6 yrs)80% (7-11 yrs)91% (12-19yrs) 86%</p> <p><b>Annual Performance Objective for FFY 2009:</b> (6 yrs)81% (7-11 yrs)92% (12-19yrs) 87%</p> <p><b>Annual Performance Objective for FFY 2010:</b> (6 yrs)82% (7-11 yrs)93% (12-19yrs) 89%</p> <p><i>Explain how these objectives were set:</i></p>		

FFY 2005	FFY 2006	FFY 2007
Other Comments on Measure:		

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4<sup>th</sup> quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	53180	66725	25.47
Separate Child Health Program	195186	172340	-11.7

Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

Our enrollment continues to increase in both the Medicaid Expansion and the separate child health insurance programs. Effective January 1, 2006, North Carolina moved its children age birth to five to Medicaid Expansion. The decrease in the separate child health program is due to this shift but enrollment in this program continues to increase.

The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2004-2006. Significant changes are denoted with an asterisk (\*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2007 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	212	29.3	11.2	1.5
1998 - 2000	155	25.0	8.0	1.2
2000 - 2002	166	22.4	7.7	1.0
2002 - 2004	184	23.7	8.5	1.0
2003 - 2005	179	23.2	8.0	1.0

2004 - 2006	177	23.0	7.7	1.0
Percent change 1996-1998 vs. 2004-2006	-16.5%	NA	-31.3%	NA

Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☐ Yes (please report your data in the table below)

☒ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

What are the limitations of the data or estimation methodology?

How does your State use this alternate data source in SCHIP program planning?

How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

Since the implementation of NC Health Choice, October 1, 1998, through July 1, 2007, a total of 2,849,720 children have applied for Medicaid using the joint application for Medicaid and Health Choice. Of these, 2,478,945 children have been enrolled in Medicaid. During the same time period, 874,341 children have been evaluated for Health Choice on the same joint application. Of these, 638,774 children have been enrolled in Health Choice. An additional 1,976,978 children were enrolled in Medicaid through other programs.

## SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

Reducing the number of uninsured children

SCHIP enrollment

Medicaid enrollment

Increasing access to care

Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

**NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.**

**In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not\_report elsewhere in Section II.**

Additional instructions for completing each row of the table are provided below.

### Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of SCHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13<sup>th</sup> birthday."

### Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

### **Status of Data Reported:**

Please indicate the status of the data you are reporting for each goal, as follows:

Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

### **Measurement Specification:**

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

### **Data Source:**

For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

### **Definition of Population Included in Measure:**

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care, please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

### **Year of Data:**

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.



**Performance Measurement Data:**

Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

**Explanation of Progress:**

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

**Other Comments on Measure:**

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

**Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b> Reduce the number of uninsured children.	<b>Goal #1 (Describe)</b> Reduce the number of uninsured children.	<b>Goal #1 (Describe)</b> Reduce the number of uninsured children.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Number and Percent of Children under 19 Years of Age, at or below 200 Percent of Poverty, by State: Three-Year Averages for, 2002, 2003 and 2004.	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Number and Percent of Children under 19 Years of Age, at or below 200 Percent of Poverty, by State: Three-Year Averages for, 2003, 2004 and 2005.	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CPS. Number and percent of children under 19 years of age, at or below 200 percent of poverty, by state: three year averages for 2004, 2005 and 2006
<b>Definition of Population Included in the Measure:</b>  Definition of denominator: All children under age 19 in the state of NC (2,178,000)  Definition of numerator: estimated number of uninsured children under age 19 in families with income below 200% FPL (184,000)	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: All children under age 19 in the state of North (2,238,000)  Definition of numerator: estimated number of uninsured children under age 19 in families with income below 200% FPL (179,000)	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: All children under age 19 in the state of North Carolina (2,289,000)  Definition of numerator: Estimated number of uninsured children under age 19 in families with income below 200% FPL (177,000)
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b> 2006
<b>Performance Measurement Data:</b> Described what is being measured: 2002-2004 average  Numerator: 184000 Denominator: 2178000 Rate: 8.4  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured: 2003-2005 average  Numerator: 179000 Denominator: 2238000 Rate: 8  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: 177000 Denominator: 2289000 Rate: 7.7  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> Decreased the percentage of children under age 19 at or below 200%fpl who were uninsured.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>
	<p><b>Annual Performance Objective for FFY 2007:</b> Continue to reduce the number of uninsured children in North Carolina. As the population of children at all income levels in the state increases, the goal is to increase the number of children, at all income levels, who have health insurance.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Continue to reduce the number of uninsured children in North Carolina. As the population of children at all income levels in the state increases, the goal is to increase the number of children, at all income levels, who have health insurance.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Continue to reduce the number of uninsured children in North Carolina. As the population of children at all income levels in the state increases, the goal is to increase the number of children, at all income levels, who have health insurance.</p> <p><i>Explain how these objectives were set:</i> It is the basic goal of the program to promote and insure access to health care and coverage for all children.</p>	<p><b>Annual Performance Objective for FFY 2008:</b> Continue to reduce the number of uninsured children in North Carolina. As the population of children at all income levels in the state increases, the goal is to increase the number of children, at all income levels, with health insurance.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Continue to reduce the number of uninsured children in North Carolina. As the population of children at all income levels in the state increases, the goal is to increase the number of children, at all income levels, with health insurance.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Continue to reduce the number of uninsured children in North Carolina. As the population of children at all income levels in the state increases, the goal is to increase the number of children, at all income levels, with health insurance.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?	<b>Explanation of Progress:</b>  How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?  Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?	<b>Explanation of Progress:</b>  How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?  Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

## Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b> To maintain SCHIP enrollment to fundable levels.	<b>Goal #1 (Describe)</b> To maintain SCHIP enrollment to fundable levels.	<b>Goal #1 (Describe)</b> To maintain SCHIP enrollment to fundable levels.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The Division of Medical Assistance Eligibility Information System count of the number of enrolled children by actual per member per month costs of operating the program (DRIVE system).	<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The Division of Medical Assistance Eligibility Information System count of the number of enrolled children by actual per member per month costs of operating the program (DRIVE system).	<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The Division of Medical Assistance Eligibility Information System count of the number of enrolled children by actual per member per month costs of operating the program (DRIVE system).
<b>Definition of Population Included in the Measure:</b>  Definition of denominator: The actual enrollment in NC Health Choice. Compare the number of children in the program to the actual number possible within allocated funds.  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: The actual enrollment in NC Health Choice. Compare the number of children in the program to the actual number possible within allocated funds.  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: The actual enrollment in NC Health Choice. Compare the number of children in the program to the actual number possible within allocated funds.  Definition of numerator: The actual enrollment in NC Health Choice. Compare the number of children in the program to the actual number possible within allocated funds.
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure: Progress is measured by the fact that funds were found to prevent the program from freezing in ffy 2005	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure: Progress is measured by the fact that funds were found to prevent the program from freezing in ffy 2006	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure: Progress is measured by the fact that funds were found to prevent the program from freezing in FFY 2007.



FFY 2005	FFY 2006	FFY 2007
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Did not freeze enrollment.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>
	<p><b>Annual Performance Objective for FFY 2007:</b> Continue to enroll eligible children in Medicaid and SCHIP using funds available and without exceeding cap</p> <p><b>Annual Performance Objective for FFY 2008:</b> Continue to enroll eligible children in Medicaid and SCHIP using funds available and without exceeding cap</p> <p><b>Annual Performance Objective for FFY 2009:</b> Continue to enroll eligible children in Medicaid and SCHIP using funds available and without exceeding cap</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b> Continue to enroll eligible children in Medicaid and SCHIP using funds available and without exceeding enrollment cap.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Continue to enroll eligible children in Medicaid and SCHIP using funds available and without exceeding enrollment cap.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Continue to enroll eligible children in Medicaid and SCHIP using funds available and without exceeding enrollment cap.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b> In addition to limited state and federal funding, North Carolina has an enrollment cap of three percent growth every six months beginning in ffy 2006.	<b>Other Comments on Measure:</b>

**Objectives Related to SCHIP Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to SCHIP Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

## Objectives Related to Medicaid Enrollment

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b> To enroll a full measure of children in Medicaid.	<b>Goal #1 (Describe)</b> To enroll a full measure of children in Medicaid.	<b>Goal #1 (Describe)</b> To enroll a full measure of children in Medicaid.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Medicaid children enrolled in the MIC category as a result of effort to acquire health insurance for child on combined application form.	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Medicaid children enrolled in the MIC category as a result of effort to acquire health insurance for child on combined application form.	<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator: Eligible children in MIC (Medicaid Indigent Children) as of October 1, 1998. North Carolina Health Choice for Children opened on this date.  Definition of numerator: Eligible children in MIC (Medicaid Indigent Children) as of October 1, 2005 less the number enrolled October 1, 1998.	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: Eligible children in MIC (Medicaid Indigent Children) as of October 1, 1998. North Carolina Health Choice for Children opened on this date.  Definition of numerator: Eligible children in MIC (Medicaid Indigent Children) as of October 1, 2006 less the number enrolled October 1, 1998.	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: Eligible children in MIC (Medicaid Indigent Children) as of October 1, 1998. North Carolina Health Choice for Children opened on this date.  Definition of numerator: Eligible children in MIC as of October 1, 2007 less the number of children enrolled October 1, 1998.
<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006	<b>Year of Data:</b> 2007

FFY 2005	FFY 2006	FFY 2007
<b>Performance Measurement Data:</b> Described what is being measured: The increase in MIC enrollment since SCHIP started.  Numerator: 181975 Denominator: 231891 Rate: 78.5  Additional notes on measure: Compare the number of children enrolled as of the end of the federal fiscal year to children enrolled just before the program started in 1998.	<b>Performance Measurement Data:</b> Described what is being measured: The increase in MIC enrollment since SCHIP started.  Numerator: 199967 Denominator: 231891 Rate: 86.2  Additional notes on measure: Compared the number of children enrolled as of the end of the federal fiscal year to children enrolled just before the program started in 1998.	<b>Performance Measurement Data:</b> Described what is being measured: The increase in MIC enrollment since SCHIP started.  Numerator: 224552 Denominator: 231891 Rate: 96.8  Additional notes on measure:
	<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>  <b>Are there any quality improvement activities that contribute to your progress?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Continue to increase enrollment in both Medicaid and SCHIP utilizing a combined application form. <b>Are there any quality improvement activities that contribute to your progress?</b> Ongoing outreach and marketing activities target both Medicaid and SCHIP.
	<b>Annual Performance Objective for FFY 2007:</b> Continue use of combined application form to determine eligibility for both Medicaid and SCHIP to increase enrollment in both programs. <b>Annual Performance Objective for FFY 2008:</b> Continue use of combined application form to determine eligibility for both Medicaid and SCHIP to increase enrollment in both programs. <b>Annual Performance Objective for FFY 2009:</b> Continue use of combined application form to determine eligibility for both Medicaid and SCHIP to increase enrollment in both programs.  <i>Explain how these objectives were set:</i> The use of a combined application simplifies the enrollment process for both Medicaid and SCHIP.	<b>Annual Performance Objective for FFY 2008:</b> Continue use of combined application form to determine eligibility for both Medicaid and SCHIP to increase enrollment in both programs. <b>Annual Performance Objective for FFY 2009:</b> Continue use of combined application form to determine eligibility for both Medicaid and SCHIP to increase enrollment in both programs. <b>Annual Performance Objective for FFY 2010:</b> Continue use of combined application form to determine eligibility for both Medicaid and SCHIP to increase enrollment in both programs.  <i>Explain how these objectives were set:</i> The use of a combined application simplifies the enrollment process for both Medicaid and SCHIP.
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Medicaid Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<b>Explanation of Progress:</b>  <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>



<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Medicaid Enrollment (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?

<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b> Increase the access to primary care physicians	<b>Goal #1 (Describe)</b> Increase the access to primary care physicians	<b>Goal #1 (Describe)</b> Increase the access to primary care physicians.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2005	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2006	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 730 Denominator: 757 Rate: 96.4  Additional notes on measure: Above measurement is for children 12-24 months old.  For children 25 months-6 years, the numerator is 12,672/denominator is 14,281. Rate is 88.73%	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 824 Denominator: 862 Rate: 95.6  Additional notes on measure: Above measurement is for children 12-24 months old.  For children 25 months-6 years, the numerator is 15,210/denominator is 16,877. Rate is 90.12%	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 249 Denominator: 312 Rate: 79.8  Additional notes on measure: No data on 0-24 months.  Above data for children 25 months -6years.  7-11 years 15556/17009=91.46% 12-19 years 19922/22878=87.08%

FFY 2005	FFY 2006	FFY 2007
7-11 years 12,146/13,416 = 90.53% 12-19 years 15,911/18,546 = 85.79%	7-11 years 14,090/15,609= 90.27% 12-19 years 18,367/21,429 = 85.71%	
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
	<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>  <b>Are there any quality improvement activities that contribute to your progress?</b>  <b>Annual Performance Objective for FFY 2007:</b> 12-24mos      25mos-6yrs      7-11yrs 12-19yrs  96%                              90%                              90% 86% <b>Annual Performance Objective for FFY 2008:</b> 12-24mos      25mos-6yrs      7-11yrs 12-19yrs  97%                              91%                              91% 87%  <b>Annual Performance Objective for FFY 2009:</b> 12-24mos      25mos-6yrs      7-11yrs 12-19yrs  98%                              92%                              92% 88%  <i>Explain how these objectives were set:</i> Based on previous years progress	<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> For those children age 7-11 and 12-19, the objectives were met. For those children 12-24 months and 25 months to 6 years, we were not able to evaluate a full year of performance since these groups were moved to Medicaid Expansion January 1, 2006. <b>Are there any quality improvement activities that contribute to your progress?</b>  <b>Annual Performance Objective for FFY 2008:</b> 6 yrs      7-11yrs      12-19yrs 80%      91%      86% <b>Annual Performance Objective for FFY 2009:</b> 6 yrs      7-11yrs      12-19yrs 81%      92%      87%  <b>Annual Performance Objective for FFY 2010:</b> 6 yrs      7-11yrs      12-19yrs 82%      93%      89%  <i>Explain how these objectives were set:</i>

FFY 2005	FFY 2006	FFY 2007
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

**Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b> Link children enrolled in SCHIP with a primary care provider.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Beginning March 1, 2007, began linking children enrolled in SCHIP with a primary care physician.
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Eligibility Information System
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Eligibility Information System
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b> 2007
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 48911 Denominator: 113116 Rate: 43.2  Additional notes on measure: Enrollment and number of children linked to a PCP as of September 1, 2007

FFY 2005	FFY 2006	FFY 2007
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> New objective</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b>  Increase number of SCHIP enrolled children linked to a PCP to 75%.</p> <p><b>Annual Performance Objective for FFY 2009:</b>  Increase number of SCHIP enrolled children linked to a PCP to 80%.</p> <p><b>Annual Performance Objective for FFY 2010:</b>  Increase number of SCHIP enrolled children linked to a PCP to 85%.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>



**Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b> Increase number of children who have access to dental care. <b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Goal #3 (Describe)</b> Increase number of children who have access to dental care. <b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Goal #3 (Describe)</b> Increase number of children who have access to dental care. <b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> First year data requested
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> ). NC DRIVE data warehouse tables: CLIENT_POPULATION (eligibility) CLIENT (recipient) HEALTH_CHOICE_CLAIMS (claims). Claims data for 01/01/2004 – 12/31/2004	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> NC DRIVE data warehouse tables: CLIENT_POPULATION (eligibility) CLIENT (recipient) HEALTH_CHOICE_CLAIMS (claims). Claims data for 01/01/2005 – 12/31/2005.	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> NC DRIVE data warehouse tables: CLIENT_POPULATION (eligibility) CLIENT (recipient) HEALTH_CHOICE_CLAIMS (claims). Claims data for 01/01/2006 – 12/31/2006.
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of eligible persons with one or more dental visits to a dental practitioner during the measurement year  A dental visit is defined by CPT, HCPCS/CDT, and ICD-9 codes listed in the HEDIS Specification.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of eligible persons with one or more dental visits to a dental practitioner during the measurement year  A dental visit is defined by CPT, HCPCS/CDT, and ICD-9 codes listed in the HEDIS Specification.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of eligible persons with one or more dental visits to a dental practitioner during the measurement year. A dental visit is defined by CPT, HCPCS/CDT, and ICD-9 codes listed in the HEDIS Specification.
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006

FFY 2005	FFY 2006	FFY 2007
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 37224 Denominator: 68294 Rate: 54.5  Additional notes on measure: Above data on all ages combined 2-3 years 1314/5561=23.63% 4-6 years 4674/8372=55.83% 7-10 years 12443/19794=62.86% 11-14 years 11314/19625=57.65% 15-18 years 7479/14942=50.05%	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 45053 Denominator: 78702 Rate: 57.2  Additional notes on measure: Above measure is for all ages combined 2-3 years 1611/6205=25.96% 4-6 years 6017/10101=59.57% 7-10 years 14989/23013=65.13% 11-14 years 13285/21923=60.60% 15-18 years 9151/17460=52.41%	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 40451 Denominator: 68003 Rate: 59.5  Additional notes on measure: Above data on all combined (2-18 years old) No data on 2-3 year olds 4-6 182/312=58.33% 7-10 16460/25373=64.87% 11-14 13891/23100=60.13% 15-18 9918/19218=51.61%
<b>Other Performance Measurement Data:</b>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> New objective</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> New objective</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b>  Increase percentage by 2 for all children in measurement.</p> <p><b>Annual Performance Objective for FFY 2009:</b>  Increase percentage by 2 for all children in measurement.</p>

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2010:</b> Increase percentage by 2 for all children in measurement.   <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b> Increase the number of well child visits.	<b>Goal #1 (Describe)</b> Increase the number of well child visits.	<b>Goal #1 (Describe)</b> Increase the number of well child visits
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2005	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2006	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children with at least one visit.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children with at least one visit	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 6707 Denominator: 11823 Rate: 56.7  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 8177 Denominator: 14054 Rate: 58.2  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 83 Denominator: 312 Rate: 26.6  Additional notes on measure: In 1/2006, children under 6 years of age became covered under Medicaid Expansion Program/Classification MIC-1. This measure only includes 6 year old children.

FFY 2005	FFY 2006	FFY 2007
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b> Increase percentage of well child visits to 60%.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Increase percentage of well child visits to 62%.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase percentage of well child visits to 64%.</p> <p><i>Explain how these objectives were set:</i> Based on previous years performance.</p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Children age birth to five were moved from SCHIP to Medicaid Expansion effective January 1, 2006. Therefore, we were unable to fully measure the number of children who had one plus well child visits for the reporting period.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b> Improve immunization rates <b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The state immunization registry began rollout in June 2005 and is not available to provide sufficient data on Health Choice children. Therefore, only statewide data is available. According to the 2005 Child Health Report Card published by the NC Institute of Medicine, the immunization rate of all two-year old children is 82.9%. The rate for all children at school entry is 99.1%	<b>Goal #2 (Describe)</b> Improve immunization rates <b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Goal #2 (Describe)</b> Improve immunization rates <b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> According to the 2006 Child Health Report Card published by the NC Institute of Medicine, the immunization rate of all two-year old children is 85.2%. The rate for all children at school entry is 99.2%	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> According to the 2007 Child Health Report Card published by the NC Institute of Medicine, the immunization rate for all two-year old children is 82.3%. The rate for all children at school entry is 97.3%.
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>

FFY 2005	FFY 2006	FFY 2007
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b> Strive for 100% immunization rates for both two year old children and those entering school.  <b>Annual Performance Objective for FFY 2008:</b> Strive for 100% immunization rates for both two year old children and those entering school.  <b>Annual Performance Objective for FFY 2009:</b> Strive for 100% immunization rates for both two year old children and those entering school.</p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> North Carolina continues to receive a grade of A on children's immunizations on the Child Health Report Card  <b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> Strive for 100% immunization rates for both two year children and those entering school.  <b>Annual Performance Objective for FFY 2009:</b> Strive for 100% immunization rates for both two year children and those entering school.  <b>Annual Performance Objective for FFY 2010:</b> Strive for 100% immunization rates for both two year children and those entering school.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:



FFY 2005	FFY 2006	FFY 2007
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?  Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:  Annual Performance Objective for FFY 2009:  Explain how these objectives were set:	<b>Explanation of Progress:</b>  How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?  Are there any quality improvement activities that contribute to your progress?  Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:  Annual Performance Objective for FFY 2010:  Explain how these objectives were set:
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

In 2005, the State Center for Health Statistics (SCHS) began performing a survey of parents regarding their children's health including an assessment of various risk factors (physical activity, nutrition, tobacco use, oral health, etc. The survey is called Child Health Assessment and Monitoring Program (CHAMP). At the request of the Division, SCHS staff added a question regarding health insurance including Medicaid and Health Choice as options. This survey was completed again in 2006.

The answers to all of the survey questions are broken down by health insurer. This enables you to see how the Medicaid population compares to others. It is also broken down by gender, race, ethnicity, grade in school, etc. A few of the survey questions and answers are included below. The entire survey and results can be accessed at <http://www.schs.state.nc.us/SCHS/champ/index.html>.

During the past 12 months was there any time when the child was not covered by ANY health insurance? (Asked only for children who are currently covered by health insurance)

	Total	YES	NO			
Health Insurance				Number	Percentage	NumberPercentage
State Health Plan		191	5	1.3	186	98.7
Private	1,622	62	3.9	1,560	96.1	
Health Choice	136	16	9.6	120	90.4	
Medicaid	694	84	12.3	610	87.7	
Other	229	9	2.9	220	97.1	
Total	2,872	176	6.1	2,696	93.9	

What was the MAIN reason that (CHILD) did/does not have health insurance coverage? (Asked for children who either are currently or were at some point in the past 12 months not covered by health insurance)

	Total	Too Expensive	Job not offer benefits			In between jobs/not employed			Other
Health Insurance			#	%	#	%	#	%	#
State Health Plan		5	0	0.0	0	0.0	4	81.2	1
Private 62	9	15.1	3	1.2	33	53.2	17	30.5	
Health Choice 16	4	24.9	0	0.0	2	19.6	10	55.6	
Medicaid	84	13	15.3	6	6.7	13	16.0	52	62.0
Other 9	2	18.5	0	0.0	4	49.9	3	31.6	
No health insurance		231	101	43.8	16	8.7	37	16.7	77
Total	497	129	26.1	25	5.0	93	18.7	160	32.2

During the time when (CHILD) did not have health insurance was {he/she} eligible or still qualified to re-enroll in Medicaid? (Asked for children currently covered by Medicaid who were at some point in the past 12 months not covered by health insurance)

	Total	YES	NO		
Health Insurance				Number	Percentage
Health Choice	15	11	52.1	4	47.9
Medicaid	77	62	77.9	15	22.1
Total	92	73	79.3	19	20.7

During the past 12 months, how many times did a child go to a hospital emergency room for health care, including emergency room visits that resulted in a hospital admission?

	Total	Once	Twice	3 times	4+ times	None						
Health Insurance				#	%	#	%	#	%	#	%	#
State Health Plan			190	19	13.0	6	2.8	1	1.0	5	3.0	159
Private	1,617	206	12.4	55	2.9	22	1.7	9	0.7	1,325	82.3	
Health Choice	134	27	20.0	3	1.2	3	3.3	1	3.4	100	76.5	
Medicaid	690	126	19.9	55	8.0	16	4.8	26	4.8	467	65.9	
Other	228	35	15.2	9	3.8	1	0.5	6	2.7	177	78.2	
No health insurance			233	34	13.6	13	6.5	3	2.5	9	0.2	174
Total	3,092	447	14.5	141	4.6	46	1.5	56	1.8	2,402	77.7	

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

None

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

No

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

None

Enter any Narrative text below **[7500]**.

## **SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION**

---

**Please reference and summarize attachments that are relevant to specific questions**

### **OUTREACH**

How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

Our outreach strategies continue to fall under three main areas of focus as follows:

- 1) Encouraging families to make the best use of their health insurance benefit once they are enrolled.
- 2) Direct outreach to families and those who serve families, including targeted outreach to children with special health care needs and minority populations.
- 3) Simplification of enrollment / re-enrollment processes.

Outreach "Snapshots":

- Partnership with the United Hmong Association of NC and Tong Yang, their Executive Director. Distributed their Community Needs Assessment, set up meetings/cultural presentations with various groups in public health and with our coalition to promote cultural understanding and a joint child health insurance outreach partnership.
- Educated outreach staff and outreach partners on the documentation of citizenship and identity policy, plans for implementation, and how they can help.
- Employment Security Commission Project launched in all 93 ESC offices statewide. HC/NCHC information is now included in the "Benefits Rights Interview" for individuals applying for unemployment benefits. Reinforced this partnership through statewide press releases and a radio PSA highlighting ESC outreach.
- Department of Juvenile Justice and Delinquency Prevention HC/NCHC outreach, orientation and infrastructure initiative launched statewide through the 39 District Court Counselor System and Youth Development Centers. HC/NCHC outreach is now integrated into the NC JOIN "Family Profile" Online Database.
- More-at-Four incorporated distribution of HC/NCHC and Medical Home materials into their standards and monitoring processes. Statewide distribution of materials on 8/6/2007 occurred 2 days after the distribution of these standards. Pre-K Programs are also incorporating this standard.
- Continued work with Smart Start on child health insurance enrollment, choosing a quality medical home and participation in well child care objectives. (Part of their Performance Based Information System/PBIS Standards).

- Orientation of Child Care Health Consultants to child health insurance and medical home information, materials and child care outreach strategies. Two of their “performance outcomes” are “Increase the proportion of children in child care with medical insurance” and “increase the proportion of children in child care who have a regular source of primary care.”

- Working with the NC Human Resource Personnel (through their IPMA Association meetings) on Incorporating Child Health Insurance messages in their work with families who can no longer afford family coverage.

- Distributed materials through Summer Food Service Program Sponsors to the estimated 45,000+ children who would participate in their program this year.

- Presented to “Task Force for a Healthier North Carolina” and contributed data / responded to questions as they prepared their report entitled: “Key Findings and Final Recommendations on Access to Health Insurance Coverage for North Carolina’s Children.”

- Arranged & prepared for a NC Coalition to Promote Health Insurance for Children Strategic Planning Meeting on 6/7/2007. Meeting facilitated by Maggie McGlynn of McGlynn Associates, Inc. with support of the Early Childhood Comprehensive Systems Grant Initiative. Focus of the coalition will be on implementation of this work plan.

- Have been working with undergraduate and graduate students on projects that will help us accomplish the objectives in our Strategic Plan.

- Medical Home information and materials is integrated into all of our HC/NCHC outreach work targeting families / professional audiences and special populations (families with CSHCN and minority communities).

- Taped the presentation of a “Family Success Story” which highlights one family’s perspective of why a quality medical home matters. DVDs are being circulated to practices who are working on becoming quality medical homes.

- Developed a Medical Home Family Interview Tool with the C&Y Branch Family Council.

- Have begun collecting family stories re: their experiences in a quality medical home.

What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **Would you consider this a best practice? [7500]**

North Carolina continues its Medical Home Campaign. The Campaign defines and highlights the importance of having a “medical home” for all of a child’s preventive and primary health care needs. It encourages families, especially those newly enrolled in Medicaid and SCHIP, to establish their medical home by going for regular well child checkups. Through “The Right Call Every Time” logo and tag line, it encourages families to use their medical home for primary care, not the emergency room, and defines when use of the ER is appropriate. For Children with Special Health Care Needs, SCHIP Annual Report Template – FFY 2007 70

it emphasizes the importance of a medical home in coordinating all of a child's health care needs. All outreach efforts related to this initiative highlight key messages of the Medical Home and HC/NCHC Outreach Campaigns.

Direct outreach to families and those who serve families has become institutionalized. The most effective strategy has been outreach through schools and child care centers. Back to school enrollment drives, pre-K orientations, linkages with school lunch program outreach, and PTA meetings provide great opportunities. Most importantly, staying on the radar of school nurses, counselors, psychologists, social workers, and other school staff through exhibits/breakout sessions at conferences, direct mail, list serves, and web links is critical to maintaining a focus on outreach for these programs. Other activities include:

- Produced 4 TV and 5 radio public service announcements (some English; some Spanish). Aired them on Univision and Telefutera & WRAL. Distributed PSAs to local Health Check Coordinators (outreach staff) statewide with instructions on how to do media outreach in their counties.
- Materials Distribution:
  - o HC/NCHC: 885,602 total materials distributed in 959 orders (28% increase)
  - o Medical Home: 1,045,809 total materials distributed in 1044 orders (15% increase)
- Participated in numerous conferences, presentations, exhibits.

Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness?  
**[7500]**

- Enlisted City of Raleigh Parks and Recreation Centers (Wake County) in stocking HC/NCHC outreach materials in their reception areas especially in the summer months when their children/family traffic is higher.
- Trained the Guilford County public school system's interpreters for their English-as-a-Second-Language (ESL) programs (serving refugee populations as well as immigrants) on state's children's health insurance programs which led to including HC/NCHC outreach materials in all family orientation packets at the new public/charter school aimed at integrating newly arrived Limited-English-Proficient families into the school system (2007-08 school year).

- Initiated planning with community college ESL programs to institute a “health” curriculum that incorporates applying for HC/NCHC as part of their outcome goals for those adult students with children who qualify.
  
- Continued partnership with Mexican (Raleigh-based) and Guatemalan (Atlanta-based) Consulate offices serving their foreign nationals who have immigrated to NC. Attended Consulate Outreach Mobile Units including four Mexican (Columbus, Dare, Catawba, Guilford Counties) and two Guatemalan (Lenoir, Catawba Counties). These efforts have led to promoting HC/NCHC during the Mexican Consulate’s 7th Annual Binational Health Week (October)—both on radio and print promotions. State’s outreach staff will be part of a statewide committee planning the 2008 Binational Health Week events.
  
- Outreach to American Indian populations during Pow-wow and other statewide events has generated support of promoting HC/NCHC during the 2008 NC American Indian Women’s Conference (February, 2008) recognizing the strong role that women take in maintaining children’s health.
  
- Initiated dialogue with faculty who have developed criteria for certification of a Culturally-Based Native Health Program. This initiative involves Wake Forest and Western Carolina Universities as well as staff from the Cherokee Indian Health Services. Goal will be to include in the curriculum SCHIP and Medicaid program facts and copies of all the outreach materials for students enrolled in the certification process.
  
- Faith-based and community-based groups have been invited and are participating in the statewide coalition promoting children’s health insurance.
  
- Participated during both state and regional trainings of Health Check Coordinators focusing on updates to SCHIP reauthorization as well as importance of providing culturally and linguistically competent services.
  
- Initiated a Minority Outreach Newsletter for internal Division of Public Health/Children & Youth Branch consultants. This monthly, electronic, 2-page document gives information on Health Check/CHC as well as motivating cultural competency standards as part of every consultant’s work ethic.



What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

The North Carolina Institute of Medicine in its 2007 Child Health Report card estimated that 864,541 children ages birth to 18 were covered by Medicaid or SCHIP in 2006. The total child population based on 2005 data was 2,141,041. Based on this, the percentage of children enrolled in either SCHIP or Medicaid is 39.3%.

### **SUBSTITUTION OF COVERAGE (CROWD-OUT)**

***States with a separate child health program up to and including 200% of FPL must complete question 1.***

Is your state's eligibility level up to and including 200 percent of the FPL?

- ☒ Yes
- ☐ No
- ☐ N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. **[7500]**

***States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states with trigger mechanisms should also answer this question.***

Is your state's eligibility level above 200 and up to and including 250 percent of the FPL?

- ☐ Yes
- ☐ No
- ☒ N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted. **[7500]**

***States with separate child health programs over 250% of FPL must complete question 3. All other states with substitution prevention provisions should also answer this question.***

Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

- ☐ Yes
- ☐ No
- ☒ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.). **[7500]**

***All States must complete the following 3 questions***

Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

At application for (SCHIP) NC Health Choice, a family may have private insurance but must terminate that coverage prior to enrollment. The child(ren)'s eligibility for Health Choice will not begin until the first day of the month following the month the child is dropped from the private insurance.

At the time of application, what percent of applicants are found to have insurance? **[7500]**

Since this provision was implemented in February 2002, through September 30, 2007, a total of 283 NC Health Choice cases dropped private coverage.

Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **[7500]**

Less than one percent of applicants drop coverage to enroll in SCHIP.

## **COORDINATION BETWEEN SCHIP AND MEDICAID**

*(This subsection should be completed by States with a Separate Child Health Program)*

Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

North Carolina has the same re-determination procedures to renew eligibility for Medicaid and SCHIP. There is one application for re-determination that is returned to and processed by the county department of social services. It is reviewed based on family income by a county eligibility caseworker. If the child is determined to be Medicaid eligible, the child is enrolled in Medicaid. If the child is determined to be SCHIP eligible, the child is enrolled in SCHIP. The family is subsequently informed of the children's eligibility status and the child receives a card reflecting his or her eligibility status.

Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain. **[7500]**

North Carolina's process is so seamless that the biggest problem we face is that on occasion a Medicaid family does not realize initially that the child has been moved into SCHIP from Medicaid or vice versa. However, the Medicaid card is larger and does not have the imprint of Blue Cross and Blue Shield of North Carolina as the SCHIP card does.

Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **[7500]**

SCHIP in North Carolina uses any willing provider indemnity system so that a previously Medicaid child does not have to change physicians or other providers when moving into SCHIP from Medicaid. Medicaid has a broad network of providers and uses a PPO system. Medicaid also initiates reminder calls to patients for well- child checkups. NC Health Choice does not offer this feature.

For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

## **ELIGIBILITY REDETERMINATION AND RETENTION**

What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

How many notices are sent to the family prior to disenrolling the child from the program?  
**[500]**

Four notices are sent to the family.

At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **[500]**

A post card is mailed to the family 10 calendar days before the re-enrollment form is mailed. The post card reminds that the re-enrollment form is coming and to return the form to the county department of social services. The re-enrollment form is mailed at the beginning of the 11th month of the certification period. A timely (10 day) notice is mailed if the re-enrollment form is not returned by the 25th day of the 11th month. This timely notice gives the family 10 work days to return the ne

- ☐ Sends targeted mailings to selected populations

Please specify population(s) (e.g., lower income eligibility groups) **[500]**

- ☒ Holds information campaigns

- ☒ Provides a simplified reenrollment process,

*Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]***

Have a combined Medicaid and SCHIP application with similar eligibility requirements except for documentation of citizenship.

- ☐ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe: **[500]***

- ☐ Other, *please explain: **[500]***

Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination? **[500]**

Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

- ☒ Yes  
☐ No  
☐ N/A

When was the monthly report or assessment last conducted? **[7500]**

. A report "North Carolina Health Choice Re-enrollment Report Summary" is run twice a month. The following data is on statewide re-enrollment activity for the month of September 2007. Data from the

first report is based on the pull check date and the second report data is based is as of the ten day grace period.

		Report One	Report
Two			
Total number eligible to reenroll	11,050	11,050	
Total number who reenrolled	4,660	6,108	
Percent of those reenrolled	42.17%	55.20%	
Re-enrollees found eligible for Medicaid	1,329	1,664	
Percent of those eligible found eligible for Medicaid	12.02%	15.0%	
Those eligible to purchase extended coverage	205	224	
Percent of those eligible to purchase extended coverage	1.85%	2.0%	
Number terminated for failure to complete redetermination	3,122	1,608	
Percent of those terminated for failure to complete redetermination	28.25%	14.50%	
Number terminated for other reasons	1,734	1,154	
Percent who terminated for other reasons	15.69%	10.40%	
Those with applications pended		292	
Percent with applications pended		2.60%	

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. **[7500]**.

**Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP**

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
4942	1362	27			43		12			

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) **[7500]**.

The numbers above are derived from the September 2007 NCHC Re-enrollment Report Summary.

**COST SHARING**

Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **[7500]**

Denial codes and termination codes are used to document why applications for Health Choice and denied and assistance is terminated. For applications, failure to pay the enrollment fee is the number two reason why applications are denied, the first reason being other insurance and the third is income.

Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found? **[7500]**

No.

If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? **[7500]**

No changes in past federal fiscal year.

### **EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION**

Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

- ☐ Yes, please answer questions below.
- ☒ No, skip to Program Integrity subsection.

#### **Children**

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Family Coverage Waiver under the State Plan
- ☐ SCHIP Section 1115 Demonstration
- ☐ Medicaid Section 1115 Demonstration
- ☐ Health Insurance Flexibility & Accountability Demonstration

#### **Adults**

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Family Coverage Waiver under the State Plan
- ☐ SCHIP Section 1115 Demonstration
- ☐ Health Insurance Flexibility & Accountability Demonstration
- ☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Please indicate which adults your State covers with premium assistance. (Check all that apply.)

- ☐ Parents and Caretaker Relatives
- ☐ Childless Adults
- ☐ Pregnant Women

Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.) **[7500]**

What benefit package does the ESI program use? **[7500]**

Are there any minimum coverage requirements for the benefit package? **[7500]**

Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

_____	Number of childless adults ever-enrolled during the reporting period
_____	Number of adults ever-enrolled during the reporting period
_____	Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

10. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

11. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

12. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

13. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.)**  
**[7500]**

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: \_\_\_\_\_

Employer: \_\_\_\_\_

Employee: \_\_\_\_\_

16. If you offer a premium assistance program, what, if any, is the minimum employer contribution?  
**[500]**

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

**PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS  
(I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS))**

Does your state have a written plan that has safeguards and establishes methods and procedures for:

(1) prevention

(2) investigation

(3) referral of cases of fraud and abuse?

Please explain: **[7500]**

The benefits and claims processing of the separate SCHIP program is handled by the State Employees Health Plan which contracts with Blue Cross and Blue Shield of North Carolina. In the contract with BCBSNC, the contractor, requirements for program integrity are outlined below.

The Contractor shall operate a fraud detection program. The operation and administration shall include, but not be limited to, the following tasks:

Develop communications explaining fraud and abuse and communicate such information to interested parties, including Plan members, providers and Health Benefits Representatives (HBRs), encouraging them to report suspected fraud or abuse cases. Communication methods include EPB messages, provider newsletters, HBR newsletters and articles for employee and retiree newsletters.

Utilize the customer services toll-free telephone numbers to accept calls pertaining to fraud. All personnel shall be trained to recognize fraud. Rewards for personnel identifying fraud shall be maintained at a level to motivate personnel to identify fraud.

High dollar (the Contractor and Plan will mutually agree on specific dollar amount) member-submitted claims will be reviewed by personnel trained to detect fraud.

Information regarding potential fraud will be exchanged with other claims payors or governmental agencies. Special emphasis shall be given to identifying and correcting provider abuse. The Contractor shall develop or procure and execute computer programs with specially designed logic to detect aberrant patterns of utilization.

Investigate check forgeries that are identified through reconciliation of the Plan's bank account.

The Contractor will be responsible for all phases of the investigation, including medical review and contact with providers or members to verify services received. When the Contractor's investigation is complete, the Contractor shall communicate the results to the Plan. The Plan may refer the case to the NC Attorney General for resolution or may instruct the Contractor to forward the case to the local District Attorney. The Contractor shall provide follow-up assistance as needed to law enforcement agencies, the NC Attorney General and local District Attorneys. The Plan shall be provided with a report and meetings as mutually agreed upon by the Plan and the Contractor to review any fraud cases outstanding or under investigation. A case will not be considered closed until the Plan and the Contractor have determined that the case will not be prosecuted, or until a trial has been completed and, if a conviction occurs, sentence passed.

For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility



189 Number of cases investigated

2 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP ☒

Medicaid and SCHIP Combined ☐

3. Does your state rely on contractors to perform the above functions?

☒ Yes, please answer question below.

☐ No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

The State Health Plan (SHP) is subject to an annual performance audit conducted by the NC Office of State Auditor. In addition, the SHP conducts monthly Operations Meetings with the Sub-Contractor to discuss performance and issues. The SHP requires monthly performance reports from the Sub-Contractor. Quarterly meetings are conducted with Sub-Contractor to review and discuss performance.

Enter any Narrative text below. **[7500]**

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period =Federal Fiscal Year 2007. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

### COST OF APPROVED SCHIP PLAN

Benefit Costs	2007	2008	2009
Insurance payments	215671668	253293086	289831665
Managed Care			
Fee for Service			
<b>Total Benefit Costs</b>	215671668	253293086	289831665
(Offsetting beneficiary cost sharing payments)			
<b>Net Benefit Costs</b>	\$ 215671668	\$ 253293086	\$ 289831665

### Administration Costs

Personnel	66729	70000	75000
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	618023	1084675	1084675
Other (e.g., indirect costs)	5366378	5645325	5640325
Health Services Initiatives			
<b>Total Administration Costs</b>	6051130	6800000	6800000
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	23963519	28143676	32203518

<b>Federal Title XXI Share</b>	166646855	194653666	223126338
<b>State Share</b>	55075943	65439420	73505327

<b>TOTAL COSTS OF APPROVED SCHIP PLAN</b>	221722798	260093086	296631665
---	-----------	-----------	-----------

2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☐ Tobacco settlement
- ☐ Other (specify) **[500]**

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

No.

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care		\$		\$		\$
Fee for Service		\$ 147		\$ 160		\$ 178

Enter any Narrative text below. **[7500]**

## SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
	* Upper % of FPL are defined as Up to and Including									
Children	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Parents	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

\_\_\_\_\_ Number of **children** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **parents** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **childless adults** ever enrolled during the reporting period in the demonstration

What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. [1000]

Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
<b>Benefit Costs for Demonstration Population #1 (e.g., children)</b>					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #1</b>					

### Benefit Costs for Demonstration Population #2

(e.g., parents)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #2</b>					

**Benefit Costs for Demonstration Population #3**

(e.g., pregnant women)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #3</b>					

**Benefit Costs for Demonstration Population #4**

(e.g., childless adults)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #3</b>					

**Total Benefit Costs**

(Offsetting Beneficiary Cost Sharing Payments)

**Net Benefit Costs** (Total Benefit Costs - Offsetting  
Beneficiary Cost Sharing Payments)

--	--	--	--	--	--

**Administration Costs**

Personnel					
General Administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
<b>Total Administration Costs</b>					
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)					

**Federal Title XXI Share**

**State Share**

--	--	--	--	--	--

**TOTAL COSTS OF DEMONSTRATION**

--	--	--	--	--	--

When was your budget last updated (please include month, day and year)? [500]

Please provide a description of any assumptions that are included in your calculations. **[500]**

Other notes relevant to the budget: **[7500]**

## **SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS**

---

For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP. **[7500]**

North Carolina continues to see increases in premiums from employer sponsored health coverage or decreases in dependent coverage. Also, large numbers of migrant families with SCHIP eligible children are entering the state to find work and make a home. These are factors that result in the increased need for SCHIP in North Carolina. As access to health care has become a major concern for all families in North Carolina, it has been a priority of the Governor and General Assembly to ensure North Carolina Health Choice operates in the most effective manner to serve those families most in need. Also, the Governor and General Assembly passed legislation to expand health care coverage to children with family income up to 300 percent of the federal poverty level. However, uncertainty at the federal level regarding continued funding of SCHIP has made it difficult to move forward on expanding healthcare coverage.

During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

The greatest challenge again this year has been to ensure the program continues with the limited funding available. Failure to reauthorize SCHIP and provide states with reliable funding has made it difficult for North Carolina to plan for growth. The focus has remained on how to keep those children already enrolled in the program with limited funds.

During the reporting period, what accomplishments have been achieved in your program? **[7500]**

North Carolina has started linking children enrolled in SCHIP to a primary care provider to ensure continued access to care with more focus on prevention. As of December 2007, over half of the SCHIP population has been linked to a primary care provider.

What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

Because of the uncertainty regarding SCHIP reauthorization and long term funding, it has been difficult to plan for the future or make changes other than those necessary to keep children already enrolled in the program and trying not to freeze new enrollment and implement a waiting list.

Enter any Narrative text below. **[7500]**